File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



2009 DEC 21 AM 9: 02

## FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURES	UMMARY PAGE		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S	USKOM 21 tate PAC (3 )State Party	D (Rev	PR-2 DISCLOSURE REPORT
(4) County Central Committee (5) County Candidate (6) City Condidate Subdivision Candidate (5) County PAC (8) City PAC (10) School Boat 11) Local Ballot Issue  CANDIDATE COMMITTEES ONLY:	d (7) School Beard of Other Political rd or Other Political Subdivision PAC	Com	Office Use Only
Candidate Name	Political Party (if applicable)	Şoan	ad In ined puter
Office Council at Large	District (if Senate or House)	Audit	ted
Late reports are subject to possible civil and criminal penalties. Pursu	ant to lowa Code sections 688.32A 5 15 - 2-30 - 6941 TELEPHONE		401(3), the candidate, for a  30 09  DATE SIGNED
AM FILINGA JANACA 19, 2010 (report date)	Indicate by f		ECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED			tees, enter Date of Election
Check if this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	issolution Form DR-3.		-3-09 al Committees, enter County in n is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	h on hand at the end	\$	1354.53
ADD TOTAL MONEY TAKEN IN THIS PERIOD			ine on
Schedule A: Cash Contributions total (Attach Schedule			125.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attach		*********	
(Schedule H applies to Candidates' Commit	SUB-TOTAL	\$	1479.53
SUBTRACT TOTAL MONEY SPENT THIS PERIOD  Schedule B: Expenditures total (Attach Schedule B) (**	also can dobte and laste balant		799.10
Schedule F: Lozn Repayments total (Attach Schedule			680.43
CASH ON HAND at the end of this reporting period (if final report			<del></del>
			O
***UNPAID BILLS (From Schedule D - Attach Schedule D)  *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			1314.57
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule "OUTSTANDING LOANS (From Schedule F - Attach Schedule			70
CONSULTANT BREAKDOWN (Schedule G Attached?)	F {	······································	YESNO
CONSULTANT BREAKDOWN (Screening of Attaches)		-	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$	0
STATE COMMITTEES: Submit a reconciled campaign account		ch year.	

## For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Gam Nustron

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/2/09	ID# CK#	Nathan a Meredith Neren 309 Ashwood Ct Boone to 50036		\$ 50.00	
11/2/09	ID#	Peter a mary Bilden 503 S Story Street Boons The Sonix		25.00	
1/2/09	ID#	James Nancy Grabau 509 S Story Street 500 %		50,50	
	ID# CK#				
	CK#				
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
	ID# CK#				
		TOTAL (if last pag	SUB-TOTAL e of this schedule)	\$ 125 to	

\* Disclosure taw requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of for Schedule A)

FOR INSTRUCTIONS	SEE BACK	OF	<b>FORM</b>
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Res	APT TO	Arm.	- 7
. 47444	Or T.	OM	7

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

		same as on Statement of Organization)		
Comm	nittee to	Elect Gam Nustr	0~	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/2	ю# ск# 99		Reimburstnent Copywarks-Brochuses	\$ 208 us
11/2	CK# 100	Chase Signs a Graphice 1325 XB Place 17mes DA 50014	Signage Lembles	28,2
11/2	CK# LOZ	Kubb 124 Story Street Book To 56036	Advertisement Radio	309 <sup>50</sup>
11/2	CK#  O	Home Office 702 Kedea Street Boone II 50034	Brochures	223 <sup>10</sup>
10/29	CK# US	Boone News Republica 2136 Mari - Eisenhau Boone 25 50236	Correction Check # 108 noted enroa	< 1.00)
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
}	CK#			
			SUB-TOTAL	\$799.10
			TOTAL (if last page of this schedule)	\$ 799 10

THIS DAY			

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(1).)

	1		1
Page	1 _	of	

(for Schedule B)

COMMITTE	ENAME (Must be same as on Statement of Organization)	Nystron	Reset Form	CHECK	IN-KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11/25/09	bary Nystrom 1703 SE win Street BOONETA 50036	Candidate	Loan	8 1319 <sup>57</sup>	
			U		
committee. Rel	requires candidates to disclose the relationship of a lationship must be shown to the third degree of cons	anguinity (blood relati	ves) and affinity (relatives	1319 <sup>57</sup> 1319 <sup>57</sup>	of /
oy martiage). familiai relation:	(See Page 2 of forms packet.) If surname of contribi ship, enter "not applicable" in the relationship column	utor is the same 83 ca ).	ingidale, but there is no		

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

R INSTRUCTIO	NS, SEE BACK OF FORM			
MMITTEE NAN	IE(Must be same as on Statement of Organization)	RESET	SCHEDULE F	
Himmor	ec to Elect Gary Nystro.		(Rev. 02/08)	Loans Received & Repaid
	ule reports money loaned to the committee which is deposited in the c	committee account	CHECK	HIS BOX IF
TAL UNPAID LO	DANS FROM <u>LAST</u> REPORTING PERIOD \$ 2000 • 0	D	AMENDIN	IG FORM
RY I - MONETA (Origina)	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is involv	ward Include Joseph Service		
		vau. III:auus Ioalis Irom eanoig	ete s personel fu	inds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT O	FLOAN
			Ş	
			<del> </del>	
		<u> </u>		
		TOTAL /PART /\		
(Loans f	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)	TOTAL (PART I)	\$	
ATE PAID (MM/DD/YR)	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	TOTAL (PART I)  RELATIONSHIP TO CANDIDATE* (If Applicable)	\$AMOUNT R	EPAID
(Loans f	ngiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT R	EPAID 43
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  OHY  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$	
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  OHY  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$	
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  OHY  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$	
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  OHY  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$	
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  (SHY NYSTER  1703 Ste Line Street  1300 Ne IA 500 36	RELATIONSHIP TO CANDIDATE* (If Applicable)	\$ 680: 680:	43
(Loans f	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  (SHY NYSTER  1703 Ste Line Street  1300 Ne IA 500 36	RELATIONSHIP TO CANDIDATE" (IT Applicable)  CANA; dde	\$	43
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  OHY NYSTEM TOOS SE LIM STREET TOTAL CASH REF	RELATIONSHIP TO CANDIDATE* (If Applicable)  CANA; dde  PAYMENTS (PART II)  CONS FORGIVEN  OF REPORT PERIOD	\$ 680: 680:	43
DATE PAID (MM/DD/YR)  11 25 09  Disclosure law reaking a contribuonsanguinity (bide e same as cand	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  CHY NYGYON  TOTAL CASH REF	RELATIONSHIP TO CANDIDATE" (If Applicable)  CANAL Ade  PAYMENTS (PART II)  LOANS FORGIVEN  OF REPORT PERIOD  Page  OF REPORT PERIOD	\$ 680: 680:	43 57